

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN



2010-2013
2012 Updates to State Plan – OEMS Staff

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

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INTRODUCTION

§32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS). The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the seventeen objectives outlined in §32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), and the Institute of Medicine (IOM) Report "EMS at the Crossroads". These recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2010 – 2013 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than 3 months prior to the end of a particular fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and the. Only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

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Virginia Office of Emergency Medical Services Mission Statement

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide EMS system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Virginia Office of Emergency Medical Services Vision Statement

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

What is the Emergency Medical Services system in Virginia?

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 35,000 trained, prepared and certified providers, over 4,200 permitted EMS vehicles, and over 650 licensed EMS agencies, to provide ground and air emergency medical care to all citizens of the Commonwealth of Virginia.

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Appendix A – Planning Strategy Matrix

Strategic Initiative 1.1- Promote Collaborative Approaches			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, Regional EMS Councils	1.1.1.1 Track and report on amount, and general content of material posted to OEMS websites and social media on a monthly and annual basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals, and community colleges to support more community based EMS programs which lead to increased recruitment and retention of certified EMS providers.	OEMS, System stakeholders	1.1.2.1. Determine amount of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Continue to schedule “Keeping The Best!” programs. 1.1.2.3. Develop informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers. 1.1.2.4. Educate and familiarize local government officials on the importance in taking a greater role in EMS planning and coordination.
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the Office of EMS, state agencies and EMS system stakeholders in Virginia.	OEMS, State Agencies (VDEM, OCP, VSP, VDFP), Regional EMS Councils, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, and social media. 1.1.3.2. Encourage providers to utilize OEMS Provider Portal.
	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS.

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Strategic Initiative 1.1 UPDATES:

1.1.1.1: Public Information and Education posts daily rather than monthly in order to keep stakeholders interested and engaged on a regular basis. While our goal is to raise awareness and keep interest high, we want to do so without bombarding our fan's newsfeed with superfluous info. Therefore, we'll post frequently when there's pertinent information to share.

1.1.2.1: Solicit input from EMS Workforce Development Committee and Virginia Recruitment and Retention Network and develop evaluation criteria for determining the effectiveness of recruitment and retention programs. Distribute to interested EMS agencies, organizations, associations and post on OEMS Web site. Review and update criteria and conditions for funding RSAF grants related to recruitment and retention. Review findings from International Association of Fire Chiefs/Virginia Fire Chiefs Association SAFER Grant "Volunteer Workforce Solutions" and identify key criteria for measuring the effectiveness of recruitment and retention programs.

1.1.2.2: Examine alternate educational methods such as Podcasts, Webinars and Video Streaming to deliver Keeping the Best courses to EMS agencies. Work with OEMS Public Relations coordinator to increase awareness of Keeping the Best program. Promote Keeping the Best program to Virginia Association of Counties (VACO) and Virginia Municipal League (VML). Include successful completion of a Keeping the Best program for all candidates in the EMS Officer Standards program.

1.1.2.3: Develop educational program and materials for local governments to increase awareness about the importance of leadership and management and recruitment and retention of EMS personnel. Continue providing information on the benefits and incentives that local government can provide for the EMS agencies

1.1.2.4: Promote greater involvement by local governments in the planning and coordination of emergency medical services and evaluate the effectiveness of their local delivery system. Present information at annual VML and VACO membership conferences

1.1.3.1: Public Information and Education encourages agencies and providers to visit the OEMS website and social media sites through promotional materials, List-serv emails and the e-newsletter.

1.1.3.2: Division of Educational Development has been encouraging providers to utilize the portal by a) Introducing all newly enrolled students to the portal via a letter with login and temporary passwords. b) Pushing the portal at all EMT updates. c) Contacting providers who have given e-mail addresses to OEMS. d) Emailing all Instructors and ALS Coordinators. e) Using the Regional EMS Councils as a conduit to disseminate information. f) Highlighting the portal on the OEMS website.

1.1.4.1: OEMS hosted the 2010 NASEMSO annual meeting in Virginia. Gary Brown, Director, Paul Sharpe, Division Manager for Trauma and Critical Care and Dave Edwards, EMS Coordinator attended the NASEMSO annual meeting in Madison, Wisconsin in October, 2011. Mr. Brown was elected to the NASEMSO Executive Committee. Mr. Sharpe represents OEMS on the Trauma Managers Council and Data Managers Council. Mr. Edwards represents OEMS on the Pediatric Emergency Care Council and is President Elect of the Council. Information is exchanged through state reports to NASEMSO and the East Region of NASEMSO, while information from these meetings are shared with OEMS staff respectively and is incorporated in policies and regulation as applicable. OEMS also incorporates an "EMS on the National Level" section in each Quarterly Report to the State EMS Advisory Board.

1.1.4.2: OEMS publishes all meetings of the State EMS Advisory Board and its 15 committees and all other workgroup(s) or subcommittee(s) meetings in the Commonwealth's Town Hall website and the OEMS website. OEMS actively participates with other state agencies on EMS and related matters on a routine basis with the VDFP, VDEM, Virginia State Police, the Board of Pharmacy as others as applicable. The 11 designated regional EMS councils and 15 other organizations are represented on the State EMS Advisory Board and routinely participate in meetings and activities hosted or sponsored by OEMS.

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Strategic Initiative 1.2 – Coordinate responses to emergencies both natural and man-made.			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Finalize Health and Medical Emergency Response Teams (HMERT) guidance document revision; implement new requirements based on revision. 1.2.1.2. Advertise and recruit new HMERT resources in areas lacking in those resources (Far SW, NW). 1.2.1.3. Create recruiting and selection process for resource management team.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Continue to promote Emergency Operations resources, training courses, and abilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)

Strategic Initiative 1.2 UPDATES:

1.2.1.1: Revisions to the guidance document has been completed, and has been submitted to the Attorney General's office for approval.

1.2.1.2: Continuing to actively recruit new HMERT teams. One new team has been established in Harrisonburg.

1.2.1.3: Current recruitment is ongoing and updated based on needs.

1.2.2.1: This objective is ongoing, and continues to be met.

1.2.3.1: Final edits to a ChemPack Video are being completed and will soon be posted for online CE.

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Strategic Initiative 2.1 - Sponsor EMS related research and education.			
Objectives		Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.1 Sponsor research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS, AEMER	2.1.1.1. Create reporting tools within the VPHIB program that provide decision support statistics that can be used by committees staffed by VDH/OEMS
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, TSO & MC, Regional EMS Councils	2.1.2.1. Trauma Performance Improvement Committee will provide quarterly reports to the regional trauma committees via their representative on the TSO&MC that identify over and under triage events.
	2.1.3 Establish scholarships for EMS provider education.	OEMS, FARC, AEMER, Regional EMS Councils.	2.1.3.1. Establish scholarship program for EMS education and research.
	2.1.4 Evaluate the impact of an aging workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA	2.1.4.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.4.2. Utilize EMS Provider Portal to collect information related to impact of aging workforce on provision of EMS service.

Strategic Initiative 2.1 UPDATES:

2.1.1.1: This area cannot be developed due to the elimination of the position that was to support this objective. Some active projects related this include a public access role has been developed to allow access to EMS data and is awaiting VITA/NG to perform work requested. OEMS has also begun contributing Virginia data to the National EMS Database. EMS and Trauma data has been linked to the DMV's motor vehicle crash to enhance both datasets. This too is pending full implementation until the VITA/NG work is performed. A SAS export has been written that allows OEMS to generate a raw file for IRB approved research projects. OEMS launched 130 standard reports accessible to all agencies and allows the reports to be exported in multiple formats including CSV, PDF, Word, PowerPoint, GIS, HTML, or printed. The reports can also be scheduled to run and be delivered via e-mail at the agency's discretion.

2.1.2.1: OEMS has worked with its vendor to make technical changes to provide access to the VPHIB's reporting tool. Permission roles have also been developed to support greater access. OEMS is awaiting the installation of server hardware by VITA/NG to further this project.

2.1.3.1: EMS Training Funds continue to fund initial and CE programs. Also, OEMS is researching a potential scholarship program and anticipate future planning on this program.

2.1.4.1: OEMS does not collect specific personal demographics. We do gather location, level, gender, etc. OEMS worked up a draft of data elements and presented to OEMS administration just over 2 years ago, but due to higher priorities, this was postponed until the portal was more complete in its development.

2.1.4.2: OEMS has responded to all requests from the workforce task groups for reports based upon data elements we do collect.

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Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.			
Core Strategy 2: Create Tools and Resources	Objectives	Accountability	Action Steps
	2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education.	OEMS, Professional Development Committee, Regional EMS Councils	2.2.1.1. Ensure regional training plans are submitted by the Regional EMS Councils to OEMS on an annual basis.
	2.2.2 Enhance competency based EMS training programs.	OEMS, Professional Development Committee, MDC	2.2.2.1. New EMS Regulations create optional EMT-Basic accreditation, which requires program applicants to use competency based training.
	2.2.3 Develop, implement and promote leadership and management standards for EMS agency leaders.	OEMS, Workforce Development Committee	2.2.3.1. Development of EMS Officer standards based on duties of crew chief position, supervisor, and director. 2.2.3.2. Test efficacy of standards through pilot program.
	2.2.4 Align all initial EMS education programs to that of other allied health professions to promote professionalization of EMS.	OEMS, Professional Development Committee, MDC, Board of Health Professions	2.2.4.1. New Education Standards, similar to that used in medical field, currently being implemented to all training/certification levels, and involves initial certification programs, as well as CE programs, to be completed in 2012
	2.2.5 Increase the amount and quality of pediatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.	OEMS, EMSC Committee, VHHA	2.2.5.1. Purchase pediatric training equipment for EMS agencies. 2.2.5.2. Sponsor pediatric training related instructor courses. 2.2.5.3. Provide support for speakers and topics at the VA EMS Symposium annually.
	2.2.6 Provide an increased number of training opportunities for EMS personnel in Emergency Operations methods and activities.	OEMS, VDEM	2.2.6.1. Creation of yearly training calendar for OEMS sponsored Em. Ops. Training offerings. 2.2.6.2. Review and update MCI management modules.

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Strategic Initiative 2.2 UPDATES:

2.2.1.1: Regional CE program schedules are submitted to OEMS on a regular basis through regional EMS council contract deliverables.

2.2.2.1: Because this is optional, OEMS does not believe it will create much issue. Awaiting final approval of Regs. The content and self study has been on web site for over a year and a half.

2.2.3.1: Review NEMSMA Leadership Agenda and update competency criteria for all levels of EMS Officer standards. Continue work of EMS Workforce Development sub-committee to develop EMS Officer Standards for EMS officer II, III and IV.

2.2.3.2: Complete standards to evaluate the efficacy of EMS Officer I Program developed by sub-committee of EMS Workforce Development. Identify cadre of individuals from a diverse group of EMS agencies to pilot EMS Officer I Program by 12/31/12 and test the efficacy of the program.

2.2.4.1: Unless otherwise directed, DED is on schedule to implement the education standards for any program ending on or after July 1, 2012. This involves the VEMSES test. Initiation of National Registry testing for EMR and EMT and AEMT is planned to begin on July 1, 2012.. The AEMT is dependent on the Regs and may be delayed. DED continues to work with the Accreditation component of the national education agenda.

2.2.5.1: The EMSC program supports pediatric education by providing train-the-trainer (TtT) courses on a continuous basis, , training equipment, training resource materials, and coordination. EMSC also provides funding support for a pediatric track at the annual Virginia EMS Symposium.

2.2.5.2: EMSC has supported the implementation of regional based PEPP course instructors. Initially persons from each EMS region received instructor training at no cost including instruction, materials, travel and per-diem support. Each instructor was provided an initial cache of training equipment and supplies and the supplies are being maintained on an ongoing basis.

2.2.5.3: EMSC supports a pediatric track at the Virginia EMS Symposium by funding instructor fees, course fees, equipment and materials for multiple courses.

2.2.6.1: The yearly training calendar has been created, and is updated on a continual basis.

2.2.6.2: The MCI management modules are updated every five years. Date of next update is 2016.

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Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards			
Core Strategy 3: Develop Infrastructure	Objectives	Accountability	Action Steps
	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Legislation review, determination of impact of legislation on VA EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and EMS Advocates.
	3.1.2 Establish standards for the utilization of Air Medical Services (AMS).	OEMS, State Medevac Committee	3.1.2.1. Development of AMS guidelines for proper resource utilization. 3.1.2.2 Establish statewide AMS triage guidelines.
	3.1.3 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.3.1. Identify and adopt universal safety standards. 3.1.3.2. Implement and maintain weather turn down system. 3.1.3.3. Establish standard safety protocols and training based on protocols. 3.1.3.4. Standardize air/ground safety standards. 3.1.3.5. Standardize LZ procedures. 3.1.3.6. Develop process for consistent use of air to air communication.

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Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Continued)			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 3: Develop Infrastructure	3.1.4 Develop criteria for a voluntary Virginia Standards of Excellence Accreditation Program for EMS Agencies.	OEMS, Workforce Development Committee	3.1.4.1. Approval of first stage of voluntary accreditation standards by state EMS Advisory Board. 3.1.4.2. Implement program and market to interested agencies. 3.1.4.3. Evaluate efficacy of program based on feedback of EMS agency officials and Technical Assistance Teams.
	3.1.5 Maintain and enhance the Trauma Center designation process.	OEMS, Trauma System Oversight & Management Committee	3.1.5.1. Revise the trauma designation criteria to include burn criteria, pediatric criteria, nursing education requirements and infrastructure needs. 3.1.5.2. Conduct an analysis to determine the benefits of adding Level IV designation to our trauma care system.
	3.1.6 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.6.1. Evaluate pros/cons of initial designation process. 3.1.6.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.6.3. Conduct re-designation of councils on staggered basis in 2011 and 2012.
	3.1.7 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.7.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.8 Through a consensus process, develop a standard set of evidence-based patient care guidelines and standard formulary.	OEMS, State EMS Medical Director, Medical Direction Committee, Patient Care Guidelines Committee, Drug Formulary Workgroup, Board of Pharmacy.	3.1.8.1. Resource document being developed to assist regional medical directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

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Strategic Initiative 3.1 UPDATES:

3.1.1.1: OEMS is charged by VDH and the state to review legislation, prepare Legislative Action Summaries, Fiscal Impact Statements, and Talking Points and testify before committees of the Virginia General Assembly on EMS related legislation. OEMS sends out weekly legislative grids and reports to members of the State EMS Advisory Board, Regional EMS Councils and other stakeholder groups and individuals on a weekly basis when the Virginia General Assembly is convened.

3.1.1.2: Legislative news and interest items information from attending NASEMSO meetings, participating in NASEMSO conference calls and from NASEMSO email updates are shared with OEMS staff respectively and is incorporated in policies and regulation as applicable. OEMS also provides an “EMS on the National Level” section in each Quarterly Report to the State EMS Advisory Board.

3.1.2.1: The “Project Synergy” workgroup of the State Medevac Committee has been evaluating patient outcomes of patients brought in by AMS, with length of stay of less than 24 hours. This data, and the findings, should be the springboard to development of resource utilization guidelines. In addition, the “WeatherSafe” computer application helps AMS agencies determine if a mission has been turned down by another AMS agency.

3.1.3.1: The State Medevac Committee continues to remain current of universal safety standards implemented in other areas in hopes that similar standards may be implemented in Virginia.

3.1.3.2: The medevac WeatherSafe computer application has been up and running since it’s launch in 2009. In 2011, there were 1,750 entries into the system, increased from 1,160 in 2011. OEMS continues to strongly encourage AMS agencies to submit data to WeatherSafe.

3.1.3.3: The State Medevac Committee continues to review information related to safety protocols, with the hope to standardize AMS safety protocols. When this is accomplished, an appropriate training program will be developed.

3.1.3.4: The AMS services in Virginia continue to promote safe practices for air and ground.

3.1.3.5: Landing Zone safety procedures continue to be reviewed and updated as needed, with training sessions for ground providers as needed.

3.1.3.6: Several advisory documents have been drafted and distributed regarding the use of standard radio frequencies for air to air communication between AMS aircraft.

3.1.4.1: Complete Standards of Excellence survey design and conduct pilot on a minimum of three EMS agencies using two (2) of the seven (7) areas of excellence by 7/1/2012. Leadership and Management and Recruitment and Retention areas will be examined. Revise standards and criteria for each area based on pilot program by 9/1/2012.

3.1.4.2: Implement full SoE program based on feed-back from pilots by 12/1/2012. Market program to regional EMS councils, EMS agencies, VAGEMSA, VAVRS and other interested parties.

3.1.4.3: Evaluate efficacy of the program based on improvement in areas of deficiency identified by EMS agencies completing the pilot program and other comments submitted by local government officials, regional EMS councils and others involved in process by 03/01/2013.

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Strategic Initiative 3.1 UPDATES (Continued):

3.1.5.1: The Trauma Center Designation manual has been revised and approved by the TSO&MC and the State EMS Advisory Board. The revised criteria are on the agenda for the June 2012 State Board of Health (BOH) meeting and will be effective once approved by the BOH.

3.1.5.2: The State Trauma/Critical Care Coordinator has performed this analysis including literature research, survey of other state systems, and initiated the topic as a work session at the annual State Trauma Managers Council of NASEMSO for discussion. The item was brought to the TSO&MC meeting for discussion and consideration of need. The determination is that research to date has proven a less than one percent improvement to morbidity and mortality with the additional a Level IV centers to a mature trauma system. Combined with this information and the manpower reported to support Level IV centers in other states; there is no plan to pursue the addition of Level IV trauma centers at this time.

3.1.6.1: after the initial designation process, OEMS staff reviewed the process, and sought input from the designees, as well as reviewers, which will be incorporated into the next round of designation.

3.1.6.2: Input from staff of the designated regional EMS councils, as well as site reviewers, and OEMS staff are being incorporated into the next round of designation.

3.1.6.3: The Virginia EMS Regulations prevent designation of Regional EMS Councils on a staggered basis. Re-designation packets must be received by OEMS by 10/1/12 for re-designation by 7/1/13.

3.1.7.1: This information has been revised and placed on the OEMS website.

3.1.8.1: MDC has developed and published the Scope of Practice covering procedures and medications. Currently developing the patient care guidelines.

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Strategic Initiative 3.2 - Focus recruitment and retention efforts			
Core Strategy 3: Develop Infrastructure	Objectives	Accountability	Action Steps
	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, Medical Direction Committee, Workforce Development Committee, FARC, Regional EMS Councils	3.2.1.1. Continue to support “EMS Jobs” website. 3.2.1.2. Develop and implement voluntary “Standards of Excellence” for EMS agencies. 3.2.1.3. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.4. Continue to promote and support special RSAF applications related to recruitment and retention of EMS providers.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, Workforce Development Committee	3.2.2.1. Continue to support information and education for distribution. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies to expand existing programs and distribute to EMS stakeholders.
	3.2.3 Develop, implement, and promote the EMS Leadership and Management standards program.	OEMS, Workforce Development Committee	3.2.3.1. Provide Virginia’s EMS agencies with the highest quality of leadership. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers. 3.2.3.4. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters.

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Strategic Initiative 3.2 Updates:

3.2.1.1: Evaluate use of “EMS Jobs” website. Revise “EMS Jobs” Website based on evaluation results.

3.2.1.2: Implement full SoE program based on feed-back from pilots by 12/1/2012. Market program to regional EMS councils, EMS agencies, VAGEMSA, VAVRS and other interested parties.

3.2.1.3: This continues to be part of the tracks offered at each Symposium.

3.2.1.4: Recruitment and retention grant requests are categorized during each grant cycle as a special priority, and given special consideration during each grant cycle.

3.2.2.1: Technical Assistance Coordinator will attend all meetings of the Recruitment and Retention Network and disseminate information and educational opportunities to OEMS staff, regional EMS Councils, EMS agencies and other interested parties.

3.2.2.2: Encourage members of the Recruitment and Retention Network to participate in a R&R “think tank” to identify and develop new recruitment outreach opportunities. Identify other opportunities to work with offices with VDH and other state and federal agencies to develop EMS recruitment outreach programs.

3.2.2.3: Seek review and advice from Recruitment and Retention Network on all new OEMS R&R projects.

3.2.3.1: Advocate for opportunities to improve EMS agency leadership skills by enlightening local government officials

3.2.3.2: Develop a mentoring program for new EMS leaders by 12/31/12 (classes, resource materials, partnering with an experienced officer etc)

3.2.3.3: Publish information about the competencies contained in the EMS Officer Standards program

3.2.3.4: This track has been in place for several years now, and continues to bring in excellent speakers and topics.

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Strategic Initiative 3.3 – Upgrade technology and communication systems			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 3: Develop Infrastructure	3.3.1 Assist with, and promote, the compliance of all emergency medical radio systems with state and federal regulations for narrow banding and interoperability.	OEMS, Communications Committee	3.3.1.1. Prior to 2013, ensure that all emergency medical radio systems meet FCC mandated narrow banding regulation. 3.3.1.2. Prior to 2015, ensure that all emergency medical radio systems meet state interoperability requirements.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on wireless communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Continue to stay informed and up to date on new products and technologies, and serve as information conduit to communications entities.
	3.3.4 Establish statewide centralized dispatch system for air medical service.	OEMS, Communications Committee, State Medevac Committee	3.3.4.1. Evaluate existing centralized dispatch programs in other areas. 3.3.4.2. Develop initial role and expectations of centralized dispatch. 3.3.4.3. Develop system to determine availability of closest/most appropriately staffed AMS resource(s). 3.3.4.4. Identify minimum required information to be gathered when requesting AMS.

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Strategic Initiative 3.3 Updates:

3.3.1.1: FCC Narrowbanding mandate information is posted to the OEMS website, and distributed to system stakeholders.

3.3.1.2: OEMS, in cooperation with several other public safety communications agencies, has established policy, procedure, and education for agencies and jurisdictions on compliance with the State Interoperability Communications Plan.

3.3.2.1: OEMS continues to maintain the EMS and PSAP accreditation programs established in 2005.

3.3.3.1: OEMS maintains a relationship with the VITA public safety division and contracts for communications equipment, and is presented to agencies and jurisdictions that request assistance with equipment. The VITA contracts are also used as guidelines when RSAF grant applications are received.

3.3.4.1: the State Medevac Committee is considering other centralized dispatch programs across the country, but no specific planning related to this item is currently underway.

3.3.4.2: This item may be addressed in the future by the State Medevac Committee

3.3.4.3: A grid to determine the closest and most appropriately staffed aircraft is currently being developed in the Central Shenandoah area, with the collaboration of three AMS agencies in the area. It is the hope that this can be replicated on a statewide basis.

3.3.4.4: Much of the information required to be gathered when requesting AMS is already in place, but a training program for hospital personnel is currently being developed.

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Strategic Initiative 3.4 – Stable support for EMS funding			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 3: Develop Infrastructure	3.4.1 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.1.1. Revise RSAF grant review sheet developed by FARC and OEMS Staff, and continue to evaluate for efficacy. 3.4.1.2. Solicit concerns/comments of regional EMS councils/stakeholders regarding the grant process.
	3.4.2 Develop a “Best Practices” resource guide on the procurement of EMS and rescue vehicles to include the use of existing or “cooperative” contracts in conjunction with the Department of General Services – Division of Purchases and Supply.	OEMS, FARC, Transportation Committee	3.4.2.2. Collaborate with DGS in developing resource guide, and distribute to grant applicants.
	3.4.3 Develop uniform pricing schedule for state funded items.	OEMS, FARC	3.4.3.1. Determine items that can be standardized. 3.4.3.2. Distribute schedule to grant applicants.
	3.4.4 Develop standard specifications for state grant funded equipment awarded to eligible non-profit EMS agencies.	OEMS, FARC, VDH Office of Purchasing and General Services	3.4.4.1. Standardize list of eligible equipment and vehicles that agencies are eligible for. 3.4.4.2. Utilize standard equipment and vehicle lists for future grant applications and cycles.
	3.4.5 Assist EMS agencies to identify grant programs and funding sources for EMS equipment, training, and supplies.	OEMS, FARC	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Identify grant opportunities that EMS agencies may be eligible for, distribute information to EMS system.
	3.4.6 Integrate state grant funding programs with other related grant funding programs.	OEMS, FARC	3.4.6.1. Continue to seek federal grant funds for items intended to improve the statewide EMS system .
	3.4.7 Develop guidance documents to assist EMS agencies account for the use of state grant funds and develop internal audit processes.	OEMS, FARC	3.4.7.1. Work with contracted audit firms and Office of Internal Audit to create reference documents to assist agencies to account for grant funds, and ensure sound auditing practices.

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 3.4 Updates:

3.4.1.1: Development of a grant review worksheet has been piloted and is continually used each grant cycle by OEMS Staff, Regional EMS Councils, and OEMS Program Representatives. This worksheet helps document grader comments that are assessed by FARC in the final recommendations of grant requests

3.4.1.2: Changes are in the implementation process to make this a dynamic program and evaluation process.

3.4.3.1: The OEMS price list is updated each grant cycle to ensure consistency among like items purchased through RSAF.

3.4.3.2: The OEMS price list is available online through the grants section of the OEMS website.

3.4.4.1: Grant guidelines are updated bi-annually to ensure consistently of eligible items available for requesting agencies.

3.4.4.2: Guidelines are updated bi-annually to notify eligible agencies of Special Priority categories that are available through RSAF. Special Priority category grants receive precedence over other grant requests.

3.4.5.1: The grant program remains a deliverable item in the service contract between the OEMS and the Regional EMS Councils.

3.4.5.2: Grant information and guideline are distributed to stakeholders via e-mail and the OEMS website as identified.

3.4.6.1: OEMS staff have researched and applied for federal grants, as well as worked with other regional and state workgroups that have identified available federal grant funding.

3.4.7.1: OEMS has contracted with an independent audit firm to assist EMS agencies to account for the use of grant funds.

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Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 3: Develop Infrastructure	3.5.1 Standardize performance and outcomes based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, Regional EMS Councils	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee	3.5.2.1. Revise/implement state AMS regulations. More clearly define licensure requirements for AMS agencies. 3.5.2.2. Develop a system for application as a new AMS service in Virginia. 3.5.2.3. Develop Certificate of Need process for new AMS services in Virginia. 3.5.2.4. Establish response areas for AMS agencies. 3.5.2.5. Develop standard process to address AMS issues. 3.5.2.6. Develop criteria for ongoing AMS performance improvement program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of it's emergency medical services system.	OEMS, Professional Development Committee, Workforce Development Committee, OMHHE	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to monthly and quarterly publications of VACO and VML.

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Strategic Initiative 3.5 Updates:

3.5.1.1: OEMS continues to enter into service contracts with the 11 regional EMS councils in Virginia on an annual basis.

3.5.1.2: OEMS also continues to develop and provide standard contracts, planning templates, and reference documents to help the regional EMS councils fulfill their contractual obligations.

3.5.1.3: OEMS provides input and feedback to the regional EMS councils regarding their contract deliverables each quarter, via a standard feedback form.

3.5.2.1: The draft AMS regulations are awaiting approval. These regulations will better define licensure requirements for AMS services.

3.5.2.2: Development of an application for new AMS services in Virginia is under consideration by the State Medevac Committee.

3.5.2.3: Planning for development of a standard Certificate of Need (CON) process for AMS services in Virginia is under consideration by the State Medevac Committee.

3.5.2.4: Response areas for AMS services are determined by radii based on flight time from a particular AMS base. PSAP's are encouraged to contact the closest and most appropriately staffed aircraft.

3.5.2.5: AMS issues are typically addressed on the agency level. System issues are vetted through the State Medevac Committee when they arise.

3.5.2.6: A workgroup entitled "Project Synergy" has been created to address AMS utilization, and will ultimately lead to better performance improvement programs among the AMS agencies.

3.5.3.1: There have been no presentations about EMS provided to VACO or VML in the past year. VACO and VML each have a representative on the State EMS Advisory Board. Both appointees are new to the board and appointed in 2011. OEMS provided an in-depth EMS orientation to both members in August of 2011. Both members are provided written Quarterly Reports to all members of the Board. These reports are also posted on the OEMS website. Both members were encouraged to report back to their respective organizations on EMS issues and matters and to share the quarterly reports.

3.5.3.2: In the past twelve months no EMS related articles or news items have been submitted to VACO or VML for publication in their respective monthly or quarterly publications.

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.			
Core Strategy 4: Assure Quality and Evaluation	Objectives	Accountability	Action Steps
	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS	4.1.1.1. Utilize epidemiology trained OEMS staff to conduct risk adjusted data analysis of trauma patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program.
	4.1.2 Maintain statewide pre-hospital and inter-hospital trauma triage plan.	OEMS, Trauma System Oversight & Management Committee, State EMS Medical Director	4.1.2.1. Maintain statewide trauma triage plan to support regional plan development and maintenance by regional trauma committees. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks.
	4.1.3 Maintain statewide pre-hospital and inter-hospital stroke triage plan.	OEMS, State Stroke Task Force	4.1.3.1. Actively participate on the Virginia Stroke System Task Force and develop and maintain a Statewide Stroke Triage Plan. 4.1.3.2 If available, provide funds for the development of regional stroke triage plans to ensure implementation is performed based on local resources.
	4.1.4 Develop and maintain statewide pre-hospital and inter-hospital ST Elevation Myocardial Infarction (STEMI) triage plan.	OEMS, Medical Direction Committee, State EMS Medical Director, VHHA, American Heart Association, Regional EMS Councils	4.1.4.1. Active OEMS participation on VHAC. 4.1.4.2. Development and implementation of State STEMI Triage Plan 4.1.4.3. Development of Regional STEMI Committees, and Regional STEMI Triage Plans, as a Regional EMS Council contract deliverable.

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (Continued)			
Core Strategy 4: Assure Quality and Evaluation	Objectives	Accountability	Action Steps
	4.1.5 Review and evaluate data collection and submission efforts.	OEMS,	4.1.5.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.5.2. OEMS will provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.5.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.
	4.1.6 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee	4.1.6.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.
	4.1.7 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC Committee	4.1.7.1. Assist in assessing the pediatric emergency care readiness of Virginia CAH facilities.

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Strategic Initiative 4.1 Updates:

4.1.1.1: A subcommittee of the TSO&MC was established to perform risk adjusted analysis of trauma data aimed at supporting trauma triage efforts. The subcommittee anticipates rolling out its results quarterly beginning in 2012. Reporting will include multiple levels of analysis designed to provide feedback to hospitals, EMS agencies, Regional EMS Councils, and the public.

4.1.1.2: The position that was created to develop and support a performance improvement (PI) program was eliminated. The only OEMS supported PI program is through the Regional EMS Council contract.

4.1.2.1: The Statewide Trauma Triage Plan was revised and rolled out in 2011. The plan is required to be reviewed triennially.

4.1.2.2: OEMS is working with the VPHIB vendor and other state data managers to develop comparative analysis reporting in VPHIB's report writer tool that will allow agencies to run reports that compare their performance against statewide, regional, and agency level data. The information will remain blinded. All EMS agencies have access to ad-hoc and standard reporting of their own data to share and compare with other agencies and entities.

4.1.3.1: OEMS actively worked with the Virginia State Stroke Task Force (VSSTF) to develop a state stroke triage plan. OEMS attempts to serve as an active member of the VSSTF. The development of regional stroke triage plans was added to the Regional EMS Council contracts for the 2011 contract year, and implemented for use throughout the Commonwealth.

4.1.3.2: The Regional Stroke Triage Plans are supported financially through the Regional EMS Council contracts.

4.1.4.1: OEMS participates on the Virginia Heart Attack Coalition (VHAC).

4.1.4.2: Consideration of Development of a State STEMI Triage Plans may be considered in the future.

4.1.4.3: VHAC has implemented and supports regional STEMI committees. There are no plans currently to develop regional STEMI triage plans.

4.1.5.1: EMS Agencies have access to standard reports via VPHIB's report writer. They have the ability to develop customized reports, as well as some GIS reporting. Agency VPHIB administrators have the ability to provide access to any persons they deem appropriate, and the reporting tool provides multiple formats to export data.

4.1.5.2: As of 2011, all EMS agencies are able to access data quality report cards via the VPHIB system/ upon request from OEMS. OEMS has begun using the VPHIB e-mail list serve to send out tips to encourage agencies to utilize existing tools to evaluate their data. A statewide quality comparison report is projected to be released in Spring of 2012.

4.1.5.3: VPHIB staff provide a detailed monthly compliance report. The compliance report is sent to the Director of OEMS, and copied to the Regulation and Compliance Division and Fiscal Staff for RSAF qualification. The compliance rate for agencies submitting to VPHIB in February '11 was 52%, in February '12, the rate was 95.75%.

4.1.6.1: This is a new agenda item for the Transportation Committee to look not only NFPA recommendations for ambulance design but any other items from recognized bodies of science.

4.1.7.1: The EMSC on an ongoing basis, provides site visits to CAH and SHP facilities to assess their pediatric care capabilities. A workgroup has developed a draft Pediatric Emergency Department Designation (PEDD) program. The PEDD manual is in it's final revisions, and will be introduced to applicable stakeholders prior to formalization and implementation

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Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.			
Objectives		Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, Professional Development Committee	4.2.1.1. Revised process reduces subjectivity, tests random practical skills to ensure instructor accountability for training curricula content.
	4.2.2 Update quality improvement process to promote a valid, psychometrically sound, and legally defensible certification process.	OEMS, Professional Development Committee, Atlantic EMS Council (AEMS)	4.2.2.1. Virginia Scope completed, used with EMS Ed. Standards and AEMS Council Practice analysis, as well as subject matter experts to produce exams in order to promote valid, psychometrically sound, and legally defensible certification process.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, Professional Development Committee	4.2.3.1. Identify tasks for Information Technology to perform to produce effective programming for online examination for written examinations. 4.2.3.2. Explore possibility of administering a program summative practical exam in lieu of state practical exam.

Strategic Initiative 4.2 Updates:

4.2.1.1: The Office of EMS is working toward administering all EMS certification examinations via the National Registry of EMT's.

4.2.2.1: In compliance with the National EMS Education Agenda, OEMS is moving all certification examinations to the National Registry of EMT's. Additionally, OEMS is in position for accreditation compliance with the National Registry in 2013.

4.2.3.1: Online examinations will occur with National Registry testing.

4.2.3.2: With approval of the draft EMS Regulations, an avenue will be provided to explore administration of a summative practical examination.

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Strategic Initiative 4.3 – Pursue new initiatives that support EMS			
	<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 4: Assure Quality and Evaluation	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers.
	4.3.2 Develop, implement, and promote programs that emphasize safety, wellness, and the physical health of fire and EMS personnel.	OEMS, Health & Safety Committee, State EMS Medical Director	4.3.2.1. Creation of Health and Safety Committee of the state EMS Advisory Board, with quarterly meetings. 4.3.2.2. Maintain Health and Safety track at the VA EMS Symposium, and recommend topics and presenters. 4.3.2.3. Creation of Governor’s EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.

Strategic Initiative 4.3 Updates:

4.3.1.1: Provider Health and Safety Committee began meeting in March of 2012. The committee is tasked with injury prevention and safety awareness activities.

4.3.2.1: Provider Health and Safety Committee began meeting in March of 2012. The committee is tasked with injury prevention and safety awareness activities.

4.3.2.2: The Health and Safety track has continued to be part of the Virginia EMS Symposium annually. There are several presentations on varied related topics each year.

4.3.2.3: 2011 marked the first year that nominations were submitted for the Governor’s EMS award in the category of Outstanding Contribution to EMS Health and Safety. This award will continue to be given annually to entities committed to programs related to the health and/or safety of EMS providers.

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Appendix B – Sample Planning Matrix

Core Strategy	Strategic Initiative		
	Objectives	Accountability	Action Steps

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Appendix C

Glossary of Terms

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Action Step: A specific action required to carry out an objective.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

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Appendix C (Continued)

Glossary of Commonly Used Acronyms

VDH	Virginia Department of Health
OEMS	Virginia Office of EMS
VDEM	Virginia Department of Emergency Management
OCP	Virginia Office of Commonwealth Preparedness
VSP	Virginia State Police
VDFP	Virginia Department of Fire Programs
AEMER	Alliance for Emergency Medical Education and Research
TSO&MC	Trauma System Oversight and Management Committee (Subcommittee of state EMS Advisory Board)
FARC	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
VAGEMSA	Virginia Association of Governmental EMS Administrators
PDC	Professional Development Committee (Subcommittee of state EMS Advisory Board)
MDC	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
WDC	Workforce Development Committee (Subcommittee of state EMS Advisory Board)
VHHA	Virginia Hospital and Healthcare Association
OMHHE	Virginia Office of Minority Health and Health Equity
AHA	American Heart Association
VHAC	Virginia Heart Attack Coalition
CAH	Critical Access Hospital
VPHIB	Virginia Pre Hospital Information Bridge
COOP	Continuity Of Operations Plan
MCI	Mass Casualty Incident
HMERT	Health and Medical Emergency Response Team
NAEMSO	National Association of State EMS Officials
LZ	Landing Zone
RSAF	Rescue Squad Assistance Fund
DHS	Department of Homeland Security
FCC	Federal Communications Commission
AEMS	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC, SC)

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Appendix D

Resources

In developing this plan several resources were used in addition to meetings and interviews with the Director and Assistant Director of OEMS.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 5-Year Plan: July 1, 2007-June 30, 2010
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine - 2006
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2006-2008 Biennium, May 1, 2005
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia. 2004.
- EMS Advisory Board Committee Planning Templates – Developed May-August 2009
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.